



City of Cincinnati Board of Health Finance Committee

Tuesday, February 18, 2020

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the February 18, 2020 Finance Committee meeting to order at 3:37 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Dominic Hopson, Melba Moore.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the January 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion:</u> Schroder <u>Second:</u> Bhati <u>Action:</u> Passed</p>
Review of Contracts for February 25, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p>iHeartMedia Markets Group Cincinnati – This contract was initially discussed during the Committee’s January meeting. The Committee asked for clarification. While discussed at the BOH, the updated documentation was not received in time for consideration. Upon staff review, it was determined that this could be accomplished through a purchase order instead of a contract. The Committee appreciates the clarification and recommends approval.</p> <p>Ohio Association of Community Health Centers (OACHC) – This accounts receivable agreement is to provide funding to facilitate clinical education placements of training of students in FQHCs. The term is from July 1, 2019 to June 30, 2021.</p> <p>Ms. Denise Murray walked through the agreement and responded to questions from the Committee. In exchange for taking on NP students and providing them with clinical experience, OACHC will reimburse CHD \$22 an hour per student. This is soft capped at \$50,000 a year, meaning if OACHC has extra money and we can continue to provide students with hours, we will receive more</p>	

	<p>money. OACHC determines the cap. The Chair asked how many students are we expecting? Ms. Murray stated that we currently have eleven students. Before we had as many as twenty at a time. The students need 200 hours. While soft capped at \$50,000, last year we received \$72,000. The Chair asked if the term changed? Ms. Murray stated that we renew this every other year.</p> <p>Dr. Bhati asked if the \$72,000 is the average amount that we have received? Ms. Murray stated that, yes, there have been no major fluctuations. The Chair asked if this amount is sufficient – is it \$100,000 per year or \$100,000 for both years of the contract? Ms. Murray stated that the contract is soft capped at \$50,000 per year, the term is two years for a total amount of \$100,000. It is a soft cap, so more money may be available. The Chair asked that this be clarified on the contract info sheet prior to going before the BOH.</p> <p>It was clarified that this is the first year CHD is taking PA students as well, and that CHD has a separate agreement with Mount St. Joseph for PA students and that reimbursement rate is \$70 an hour. We can also add residents. Dr. Bhati asked for clarification about the types of students covered under the OACHC agreement to be added to the contract summary.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval with the clarifications noted above.</p> <p>University of Cincinnati Physicians Company, LLC – This lease agreement provides employment for the principal investigator and nurse practitioners to provide reproductive health and wellness in CHD health centers. Physician time is provided by UCPC to CHD health centers on an in-kind basis. The contract amendment term is from April 2, 2020 to April 1, 2021. The amended amount is \$400,000 additional.</p> <p>Ms. Phyllis Richardson walked through the agreement and answered questions from the Committee. This contract is year to year. UC is the sole provider. The amount is for CHD to pay up to \$400,000 to UC for them to provide gynecological services to patients at CHD's Community Based Health Centers. The funds come through CHD's reproductive health grant, and CHD contracts with UC as providers.</p> <p>The Chair asked if the agreement is tied to a specific number of staff? Ms. Richardson stated that the agreement covers 1.9 FTEs – NPs, not MDs. Dr. Bhati asked if the PI were typically a physician or a nurse practitioner? Ms. Richardson stated that the PI is one person but may work 0.8 hours or 0.2 hours. Altogether the sum of money is for the NP and the PI. The Chair asked if this were just for salary? Ms. Richardson stated that we are paying up</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
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	<p>to \$400,000 per year. They normally invoice us by month for the hours that those providers work. Mr. Hopson stated that a program manager is also funded, and it includes salary and benefits. 1.9 NP and PI hours plus a program manager. Ms. Richardson stated that the contract has expired, and we need to sign a new contract.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this lease to the Board of Health with a clarification regarding the amount – list it on the contract information sheet as up to \$400,000 <u>per year</u>.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Update on Infant Mortality and Status of the Home Health Program</p>	<p>Ms. Jenny Scott stated that she was there to help address the questions that were raised at the last Finance Committee meeting regarding infant mortality and the status of the home health program. [The discussion refers to a document entitled “Finance Committee Executive Summary Home Health” included in the packet]. The figures show that home health referrals are trending lower because there’s only one nurse. We average twenty referrals per week. We are currently in the process of interviewing to bring on three new home health nurses. We are in the process of reaching out to local hospitals and stakeholders to inform them that we can take on more home health referrals. We will also utilize our CBHCs as a source of referrals. Ms. Scott stated that she wants to take a deep dive into the issues that have concerned BOH/CCPC members about this program in the past. Ms. Scott met with Mr. Braden McMahon to review the numbers and to determine if community health workers are separate or a part of it?</p> <p>The Chair explained that during the budget process last year, it was decided that home health was to be moved into CCPC (as “medical visits in the home”) so that referrals can be billed as medical events, increasing the reimbursement rates and ensuring better program sustainability. There was a lot of discussion regarding the timing of that shift. Did that happen?</p> <p>Commissioner Moore stated that currently home health is still under the director of nursing, primarily due to transition costs associated with shifting electronic record systems and personnel challenges. To address the challenges, CHD is now meeting with the union every two weeks to make sure we can move forward and accelerate the timeline going forward. With regard to electronic medical records, it was confirmed that we can use Nightingale and have begun training the staff and are recruiting more nurses. We have the capacity to expand that in the health centers as soon as referrals begin growing again.</p> <p>The Chair asked why we have not been reimbursed for home health services since last April. Commissioner Moore stated that Ms. Scott put together a Gantt chart to outline the Nightingale piece, when that’s going to take place, and what is needed to</p>	

	<p>close out outstanding encounters. Last April's bills will be complete by March 13.</p> <p>The Chair asked about the reimbursement rate per encounter? Ms. Scott responded \$47.40. The Chair stated that if we charged it as a medical visit to home, the reimbursement rate goes up to \$130 per encounter. What is the next step? Dr. Bhati asked if the program is salvageable with a \$47.40 reimbursement rate? Commissioner Moore stated that we currently have a person on Family and Medical Leave who returns in mid-March. The strategy is to get two temp nurses to get us through the process of filling the vacancies. The person at the CMH program is already inputting data using Nightingale. By March 18, we will have Nightingale fully up and running. Another nurse will be asked to step in while the home health nurse is out. We need to get the past encounters billed. We need to go to all providers and let them know that we can take more referrals. Children's Hospital has patients they want us to see that provided they're visited within 48 hours after discharge. The program provides a valuable service to moms with critically ill children.</p> <p>Commissioner Moore stated that bringing the temps in for 90 days gives us a chance to go through the entire hiring process and train the incoming nurses. The Chair asked if the plan is still to integrate home health with CCPC or keep separate? Ms. Scott stated that it belongs in CCPC. Mr. Hopson stated that the CCPC board would have to vote to add home health into our scope of practice. The Chair stated that no one disagrees with value, the question is how to make solvent? Mr. Hopson will confirm how the billing piece works in next couple of weeks. The Chair stated that progress in being made on the backlog, report back in 90 days, at the May meeting. Ms. Scott is to provide the Gantt chart to the Committee.</p>	
Financial Update	<p>Mr. Dominic Hopson presented the financial update. The report is consistent with last month but now includes main contributing factors. For example, we have increased our security costs. The guards are now there from the opening of a center until we close. Last quarter there was a significant increase in our Lab Corp cost due to changing to the NuSwab test. It is mainly used by OB providers. The test costs a minimum of \$224 and can be as high as \$310. Dr. Gonzales is going to discuss using the less expensive three swab test as using the single swap has increased costs by \$1.3 million. If using the new test is where we need to be, we need to restructure our reproductive health grant to cover the cost.</p> <p>We have an RFP underway for interpretive services. We are hoping to move to video interpretation but are receiving pushback from the staff. We are seeing more Latinx patients and live interpretation drives up costs. The phone can work well but can</p>	

	<p>be difficult where there are multiple children and parents in the room.</p> <p>With the Braxton Cann construction, we are about to pay the final invoice. The Ambrose health center adds about \$8,000 a month in costs including utilities that wasn't in last year's budget.</p> <p>Dr. Bhati asked what we are currently doing for interpreters? Mr. Hopson stated that we are currently using live interpreters. The staff is doing a better job managing them. When the patients are done, they send the interpreters home. There is a preference for live interpreters, especially in pediatrics. Dr. Bhati said that a good interpreter will work with the phone and make sure they're talking with the right person.</p> <p>The Chair stated that her main takeaways are that costs have gone up a little less than \$1 million with the main driving being salaries and fringes. On the revenue side we have \$2 million more in grants, but our clinic and vital records are down. Mr. Hopson stated that the majority is clinical. We started the year down ten nurses, we're only down two now. The issue is that at the SBHCs, nurses only work the school year, but we provide them benefits over the summer. If a nurse is leaving, they will resign at the end of summer instead of the beginning in order to continue the benefits. HR is working on a plan to resolve that issue. Dr. Bhati asked if temps were solution. Mr. Hopson said yes, but there is a week and half of training.</p> <p>The Chair asked about the increase in grant revenue. Mr. Hopson stated that had more to do with how the grants are structured: they're typically based on a calendar, not fiscal, year so it's more based on timing. The Chair asked about the gap between revenue and expenses. Mr. Hopson stated that the difference is made up by the City. We cannot allow the gap to be larger than last year's gap. The Medicaid funding from the Medicaid Cost Report should be coming soon.</p> <p>The days in AR have fallen to 35. It took a big lift from the finance department, front desk staff, and working with OCHIN to clean up the program. The self-pay volume was moved to actual balances on accounts.</p>	
Patients Accounts Management	<p>Mr. Dominic Hopson stated that at the SBHCs, we are not charging students that qualify for the free lunch program a copayment. The Chair stated that the free lunch program is tied to the federal poverty guidelines and that any changes to CHD's policy in charging these patients should be carefully considered. Mr. Hopson stated that if the family comes to a CBHC they will be charged, based on a sliding scale, a minimum of \$20. The maximum without insurance is \$200. CHD has doubled resources to sign people up for insurance – about 25% - 50% in school don't</p>	

	<p>have insurance. The Chair asked if the administrative burden is worth the effort of adding the \$20 copay? Mr. Hopson stated that OCHIN would bill at no additional cost to us.</p> <p>The committee discuss HRSA guidelines on the requirements and trade-offs in charging a co-pay to families that likely do not have means to pay it. The committee agreed that more information was needed on how many students might be impacted and feedback from CPS on their willingness/ability to contribute to the cost before any recommendations are made.</p>	
Review of Crossroads Sub-recipient Agreement	<p>Mr. Hopson stated that he wanted to inform the Committee about the situation regarding our continuing support of Crossroads in Harrison, OH. For some time, CHD has been a pass-through to Crossroads with \$400,000 per year from HRSA. The question is, is HRSA providing us \$400,000 more than they normally would to provide for Crossroads, or are those funds coming from our funding. If HRSA does provide us with additional funding, then we need to continue even though there is an administrative burden on us. If they do not, then we should consider asking Crossroads – since they are now a FQHC – to apply for HRSA funding directly.</p>	
Review Action Items	<p><i>Attendance records and BOH attendance requirements to be sent to the Chair and Mr. Brown.</i> <i>Status: Complete.</i></p> <p>As a wrap-up, Commissioner Moore stated that we were notified by the City's budget department that all departments are expected to take a five percent reduction. They also stated that our 395 funds would need to take a ten percent reduction. For that we either need to increase revenue, reduce expenditures, or a combination. The Commissioner will look at what vacant positions can be given up, determining if they are mission critical. Mr. Hopson stated that our 395 fund revenue projections have always been off; that we need to more accurately project revenue. The Chair stated that consistent with other departments, CHD should strongly advocate that the budget should not be cut more than five percent, consistent with other departments. Please update the Committee about discussions with the City at its next meeting. Mr. Hopson stated that we are taking steps to increase revenue over time.</p>	

Meeting Adjourned 5:13p.m.
Next Meeting March 17, 2020 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak